


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AF)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-13-2007 90123 002 ****50.00

DOCUMENT # L06000061734
 1. Entity Name
MALIBU MANOR LLC



Principal Place of Business Mailing Address
 6770 INDIAN CREEK DR. 6770 INDIAN CREEK DR.
 APT. 9E APT. 9E
 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141
 US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
PARKER, JAY P
1691 MICHIGAN AVENUE
SUITE 320
MIAMI BEACH FL 33139

4. FEL Number
20-5085462

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/06)

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

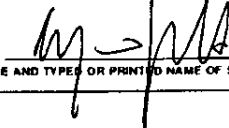
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAROU DEVELOPMENT LLC	
STREET ADDRESS	6770 INDIAN CREEK DR., APT. 9E	
CITY - ST - ZIP	MIAMI BEACH FL 33141	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CONSTANTARAS, TANIJA	
STREET ADDRESS	426 S. 26TH AVENUE	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: **3/27/07** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

30003675

